

ANNUAL REGISTRATION STATEMENT - ENDOWMENT CARE CEMETERY ACT

Idaho Department of Finance
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1. Name of cemetery authority _____
2. Address _____
3. Telephone # _____ Fax # _____ Email Address _____
4. Date of organization _____
5. Location of books and records _____
6. Board of directors _____

7. Trustee _____
8. Location of trust funds _____
9. Market value of the care funds held by the trustee of said cemetery authority at beginning of year or fiscal period
Date: _____ \$ _____

ADDITIONS TO SAID FUNDS DURING the calendar year or fiscal year from the following sources:

- | | |
|---|-------------|
| a) Under and by virtue of the sale of lots, graves, crypts, or niches | \$ _____ |
| b) Under and by virtue of any gift, grant devise, bequest, payment or other contributions | \$ _____ |
| c) Income received from such funds during the preceding calendar or fiscal year | \$ _____ |
| d) Gain or loss for period | \$ _____ |
| LESS COST of administering fund | \$< _____ > |
| LESS FUNDS used solely for the general care, maintenance, etc. | \$< _____ > |
| TOTAL MARKET VALUE of the care funds held by the trustee | \$ _____ |

10. The securities in which such care funds are invested (attach separate detailed listing, showing actual cost) \$ _____
11. Detail of the proceeds added to the TRUST FUND during calendar or fiscal year.

| | |
|---|-------------|
| a) Number (_____) of adult ground burial spaces sold and paid to fund | \$ _____ |
| b) Number (_____) of infant burial spaces sold | \$ _____ |
| c) Number (_____) of niches sold | \$ _____ |
| d) Number (_____) of crypts sold | \$ _____ |
| e) LESS FUNDS received during the past 30 days but not yet deposited to said trust fund | \$< _____ > |
| Transfer TOTAL to 8a | \$ _____ |

STATE OF IDAHO)
) ss.
County of _____)

BEFORE ME, the undersigned authority of this day personally appeared _____
_____ and _____ known to me to be the President and
Secretary, respectively, (or two of the responsible officers) of (name of cemetery) _____
_____ and being by me duly sworn on oath did depose and say, each for himself (or herself) that each of the
affiants has read the above and foregoing report of status of Care Funds of said Cemetery, that each knows the contents
thereof, and that the facts set forth therein are known by each of said affiants to be in all things true and correct.

(Affiant) President

(Affiant) Secretary

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____ to certify which witness my hand
and seal of office.

Notary Public:
Residing at:
My Commission expires: